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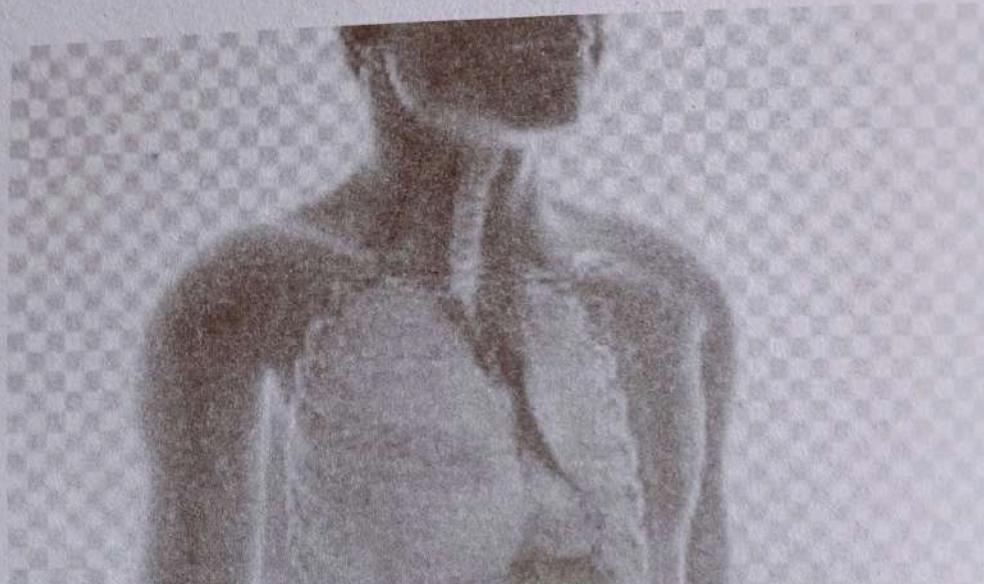
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## ABDOMEN ANATOMY



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## 1. Anterior Abdominal wall

### 1a. Layers

**1. Regarding fascia of anterior abdominal wall, all of the following are correct except:**

- a. Contains adipose tissue
- b. Contains branches of spinal nerves
- c. Has a thick and tough deep fascia
- d. Has a network of lymphatic vessels
- e. Has fatty as well as membranous layer

**2. Anterior abdominal wall, which statement is correct?**

- a. Has no lymphatic vessels
- b. Has well developed deep fascia
- c. Has visceral peritoneal lining
- d. Has poorly developed superficial fascia
- e. Is supplied by ventral rami of spinal nerves

**3. Regarding rectus sheath, hematoma of rectus sheath occurs in the:**

- a. Right side below the umbilicus
- b. Left side above the umbilicus
- c. Left hypochondrium
- d. Left lumbar region
- e. Left iliac fossa

**4. Aponeurosis of transversus abdominis, external oblique and internal oblique muscles form the;**

- |                     |                   |
|---------------------|-------------------|
| a. Inguinal canal   | b. The deep ring  |
| c. Superficial ring | d. Umbilical ring |
| e. Rectus sheath    |                   |

**5. The pyramidalis muscle is supplied by:**

- a. Subcostal nerve
- b. Lower thoracic nerves
- c. Upper thoracic nerves
- d. Iliohypogastric nerves
- e. Ilioinguinal nerve

**6. Regarding rectus sheath:**

- a. Anterior wall is formed by deep fascia of abdominal wall
- b. It encloses the rectus abdominis, superior and inferior epigastric vessels
- c. Has four layers below the arcuate line
- d. Its lymph vessels run deep to rectus sheath
- e. Due to arcuate line pyramidalis remains outside the rectus sheath

**7. Inguinal ligament is formed from:**

- a. The deep fascia in the anterior abdominal wall
- b. Fascia of camper
- c. Aponeurosis of transversus abdominal muscle
- d. Aponeurosis of external oblique muscle
- e. Aponeurosis of internal oblique muscle

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**8. The lacunar ligament is:**

- a. Formed from the conjoint tendon
- b. Part of the posterior wall of rectus sheath
- c. Not continuous with the inguinal ligament
- d. An important medial relation to the femoral ring of the femoral sheath
- e. Attached to the inferior ramus of pubis

**9. Which of the following muscle is:**

attached to the lateral 1/3rd of the inguinal ligament

- a. External oblique
- b. Internal oblique
- c. Transverse abdominis
- d. Rectus abdominis
- e. Sartorius

1.C	2.E	3.A	4.E	5.A
6.B	7.D	8.D	9.C	---

**10. All of the following structures lie in the transpyloric plane except:**

- a. Origin of the inferior mesenteric artery
- b. Deudenojejunal flexure
- c. Pancreatic neck
- d. Fundus of gall bladder
- e. Termination of the spinal cord

**11. Which of the following layers of the anterior abdominal wall gives rise to cremasteric layer and fascia?**

- a. Camper's fascia
- b. Scarpa fascia
- c. External abdominal oblique muscle
- d. Internal abdominal oblique muscle
- e. Transversalis fascia

**12. Posterior layer of rectus sheath below the arcuate line is formed by:**

- a. External oblique aponeurosis
- b. Internal oblique aponeurosis
- c. Transversus aponeurosis
- d. a and b
- e. None of the above

**13. Which of the following planes lies at vertebral level L4?**

- a. Transpyloric plane
- b. Umbilical plane
- c. Subcostal plane
- d. Supracristal plane
- e. Transtubercular plane

**14. In which region would you expect the least amount of bleeding from an abdominal wall incision?**

- |            |                  |
|------------|------------------|
| a. Lateral | b. Anterolateral |
| c. Midline | d. Posterior     |
| e. None    |                  |

**15. The neurovascular plane in the abdominal region lies between what layers?**

- a. Internal abdominal oblique and external abdominal oblique

- b. Transversalis fascia and posterior rectus sheath
- c. Scarpa's fascia and external abdominal oblique
- d. Internal abdominal oblique and the transverse abdominal oblique
- e. All of the above

**16. The superior 3/4 of the posterior rectus sheath is comprised of what layers?**

- a. Aponeurosis of external abdominal oblique and internal abdominal oblique
- b. Aponeurosis of internal abdominal oblique and transverse abdominal muscle
- c. Aponeurosis of external and internal abdominal obliques and transverse abdominal muscle
- d. Transversalis fascia
- e. c+d

**17. Medial arcuate ligament bridges over**

- |                            |                       |                |
|----------------------------|-----------------------|----------------|
| a. Right crus of diaphragm | b. Quadrates lumborum | c. Psoas major |
| d. Pectineus               | e. a+b                |                |

**18. The little above the pubis, the posterior ramus sheath is formed by:**

- a. Aponeurosis of internal oblique
- b. Aponeurosis of transversus abdominis
- c. Fascia transversalis
- d. Peritoneum
- e. None of the above

**19. The contents of the rectus sheath do not include the:**

- a. Pyramidalis muscle
- b. Superior epigastric vessels
- c. Inferior epigastric vessels
- d. Iliohypogastric nerve
- e. Subcostal nerve

**20. The rectus abdominis muscle:**

- a. Arises from the pubic crest and the pubic tubercle
- b. Usually shows five tendinous intersections
- c. Is supplied by the lower six thoracic and the first lumbar nerves
- d. Is adherent to the posterior rectus sheath in the region of tendinous intersection
- e. Flexes the vertebral column

**21. In the inguinal region, which is a true statement:**

- a. The pecten ligament is also known Astley cooper ligament
- b. The inguinal ligament is also known as Poupart's ligament
- c. Coquet's node lies within inguinal canal
- d. The lacunar ligament also called Cooper ligament
- e. The inguinal ligament also called Gimbernat ligament

**22. The septum transversum contributes to all of the following except:**

- a. Fibrous Pericardium
- b. Diaphragm
- c. Liver capsule
- d. Ventral mesentery
- e. Dorsal mesentery

**1B. Inguinal Canal****23. A direct inguinal hernia:**

- a. Is also called a congenital inguinal hernia
- b. Follows the route taken by the testis during development
- c. Courses lateral to the inferior epigastric artery
- d. Pushes through the inguinal triangle
- e. Is the most common type of inguinal hernia

**24. The inguinal canal:**

- a. Has an anterior wall which is formed by the aponeurosis of the internal abdominal oblique muscle
- b. Extends the entire length of the inguinal ligament
- c. Passes obliquely through the abdominal wall in the adult
- d. Is traversed by the inferior epigastric artery in the female
- e. Ends at the superficial ring which is an opening in the transversus abdominis muscle

**25. Which of the following nerves traverses the superficial inguinal ring?**

- a. Iliohypogastric
- b. Femoral branch of genitofemoral nerve
- c. Ilioinguinal
- d. Pudendal
- e. Obturator

**26. The superficial inguinal ring is the triangular shaped defect in:**

- a. The aponeurosis of internal oblique
- b. Transversalis fascia
- c. The aponeurosis of external oblique
- d. Rectus sheath
- e. Colles' fascia

**27. In the female, the inguinal canal contains the following structures except:**

- a. Ilioinguinal nerve
- b. Remnant of processus vaginalis
- c. Round ligament of uterus
- d. Inferior epigastric artery
- e. Lymphatics

10.A	11.D	12.E	13.D	14.C	15.D
16.B	17.C	18.E	19.D	20.E	21.B
22.E	23.D	24.C	25.C	26.C	27.D

28. Hesselbach's triangle is the area for the following hernia:

- a. Femoral
- b. Direct inguinal
- c. Indirect inguinal
- d. Lumbar
- e. Umbilical

29. All of the following structures pass through the deep inguinal ring except the:

- a. Ductus deferens
- b. Testicular artery
- c. Pampiniform plexus of veins
- d. Ilioinguinal nerve
- e. Gentile branch of genitao femoral nerve

**1c. Vessels**

30. The inferior epigastric artery arises from which of the following arteries?

- a. Internal iliac
- b. External iliac
- c. Femoral
- d. Obturator
- e. Musculophrenic

31. The superior epigastric artery is the terminal branch of:

- a. Descending thoracic aorta
- b. Abdominal aorta
- c. Internal thoracic artery
- d. Deep circumflex iliac artery
- e. Lumber artery

32. Inferior epigastric vessels perforate rectus abdominus muscle at the level of:

- a. Arcuate line of anterior abdominal wall
- b. 1st tendinous intersection
- c. 2nd tendinous intersection
- d. 3rd tendinous intersection
- e. Umbilicus

33. In which region would you expect the least amount of bleeding from an abdominal wall incision:

- a. Lateral
- b. Anterolateral
- c. Midline
- d. Posterior
- e. None

34. The systemic veins of anterior abdominal wall are drained into:

- a. Right branch of portal vein
- b. Left branch of portal vein
- c. Splenic vein
- d. Main trunk of portal vein
- e. Superior mesenteric vein

35. The systemic veins of anterior abdominal wall are drained into:

- a. Right branch of portal vein
- b. Left branch of portal vein
- c. Splenic vein
- d. Main trunk of portal vein
- e. Superior mesenteric vein

**1d. Nerves**

36. The tenth intercostal nerve enters the rectus sheath at the level of which of the following structures?

- a. Xiphoid process
- b. Umbilicus
- c. Epigastrium
- d. Pubic tubercle
- e. Symphysis pubis

37. The tenth intercostal nerve supplies a strip of skin overlying the:

- a. Deep inguinal ring
- b. Pubic crest
- c. Anterior superior iliac spine
- d. Xiphoid process
- e. Umbilicus

38. The spinal nerve supplying the skin around the umbilicus is the:

- a. Ninth thoracic
- b. Tenth thoracic
- c. Twelfth thoracic
- d. First lumber
- e. Third lumber

39. The site where vagal sympathetic nerve ends:

- a. Vesical vein
- b. Testicular vein
- c. Azygous and hemiazygos vein
- d. Ovarian vein

**1f. Lymphatics**

**40. Lymphatic vessels from region above umbilicus are drained into the:**

- a. The axillary lymph nodes
- b. The inguinal lymph nodes
- c. Superior mesenteric lymph nodes
- d. Superficial cervical lymph nodes
- e. Deep cervical lymph nodes

**41. The lymphatic drainage of the testis is to the:**

- a. Superficial inguinal lymph nodes
- b. Deep inguinal lymph nodes
- c. External iliac nodes
- d. Para aortic lymph nodes
- e. None of the above

**1g. Genitalia of Anterior Abdominal Wall**

**42. The spermatic cord contains all of the following except:**

- a. Vas deferens
- b. Testicular artery
- c. Pampiniform plexus
- d. Lymphatics from the testes
- e. Lymphatics from the scrotum

**43. The length of uncoiled epididymis is about equal to the length of:**

- a. Esophagus      b. Small intestine
- c. Large intestine    d. Vas deferens
- e. Duodenum

**44. Internal spermatic fascia is derived from:**

- a. Apponeurosis of external oblique muscle
- b. Apponeurosis of internal oblique muscle
- c. Transversus abdominus muscle
- d. Transversalis fascia
- e. Fascia lata

**45. The lymphatic drainage of the testis is to the:**

- a. Superficial inguinal lymph nodes
- b. Deep inguinal lymph nodes
- c. External iliac nodes
- d. Para aortic lymph nodes
- e. None of the above

28.B	29.D	30.B	31.C	32.A	33.C
34.B	35.B	36.B	37.E	38.B	39.C
40.A	41.D	42.E	43.B	44.D	45.D

**Explanation 1. Anterior Abdominal wall LAYERS**

**1.** The deep fascia in anterolateral abdominal wall is a thin layer of connective tissue, lying immediately deep to membranous layers of superficial fascia (page 283)

**Mnemonics for layers of wall:**

S           S           S           Ex / T           To  
Planet

S:skin

S:superficial fascia(fatty)

S:superficial fascia(membranous)

Ex:external oblique

I:internal oblique

T:transversus abdominus

To:transversus fascia

Extra peritoneal fat

Planet:parietal peritonea,

**2.** Anterolateral abdominal wall is supplied by anterior (ventral) rami of lower 6 thoracic and 1st lumbar nerves which pass between internal oblique and transversus muscle.

**3.** Hematoma of rectus sheath is uncommon but occurs most often below level of umbilicus and source of bleeding is inferior epigastric vein or rarely artery.

## ABDOMEN ,PELVIS ANATOMY

4. Rectus sheath is along fibrous envelope that encloses rectus abdominus and pyramidalis and is formed mainly by aponeurosis of 3 abdominal muscles i-e External oblique, Internal oblique, Transversus.
5. Pyramidalis is supplied by anterior rami of lowest thoracic nerve, subcostal nerve and T12 ( 12th thoracic nerve) ( page 293)
6. Superior and inferior epigastric vessels lie inside internal oblique aponeurosis where they anastomose with each other.
7. The lower border of external oblique aponeurosis folds backward on itself between anterior superior iliac spine and pubic tubercle forming the Inguinal ligament.
8. Lacunar ligament that extends upward from medial end of inguinal ligament forms medial relation of femoral ring.
9. Transverse abdominus has it's origin from lower 6 costal cartilages, lumbar fascia, illiac crest and lateral third of inguinal ligament.
10. Transpyloric plane lies at level of L1 (1st lumbar vertebrae. This plane passes through pylorus of stomach duodenojejunal junction, neck of pancreas, fundus of gall bladder and origin of superior mesenteric artery.
11. As the spermatic cord pass under lower border of internal oblique, it carries some muscle fibres that are derived from internal oblique. These fibres constitute cremaster muscle and fascia.
12. Below level of arcuate line the aponeurosis of all 3 muscles mentioned above forms anterior wall, so the posterior wall is absent.
13. Intercristal plane lies at level of 4th lumbar vertebrae. Commonly used as surface landmark for performing lumbar spinal tap.
14. Midline incision is formed through linea alba. It has a obvious advantage that it does not damage any nerve or vessels thus cause least bleeding.
15. In anterolateral abdominal wall, the nerves and vessels lie in the interval between these two muscles(internal oblique and transversus abdominus)
16. Between costal margin and arcuate line the posterior rectus sheath is comprised of posterior layer of internal oblique and transverse abdominus.
19. Rectus sheath mainly includes:
- 2 Muscles: Rectus Abdominus
  - 2 Vessels: Superior and Inferior Epigastric vessels
  - 2 Nerves: Lower 5th intercostal and Subcostal nerve
20. Rectus abdominus muscle that arises from symphysis pubis and pubic crest, flexes vertebral column and accessory muscle of expiration.
21. The inguinal ligament formed by external oblique is also called Groin ligament, Fallopian ligament or Powpart's ligament.
22. Septum transversum is an aggregation of mesenchymal tissue that develops within caudal part of ventral mesentery of the foregut. It separates developing thoracic part from abdominal part. It does not include dorsal mesentery.

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### INGUINAL CANAL

23. Direct inguinal hernia sac bulges anteriorly medial to inferior epigastric vessels, thus pushes through inguinal triangle.
24. In the newborn, the deep inguinal ring lies almost posterior to superficial inguinal ring. Later as a result of growth, the inguinal canal becomes oblique canal.
25. Ilioinguinal nerve(L1) which is a branch of lumbar plexus emerges through superficial inguinal ring of inguinal canal.
26. This is a triangular shaped defect in external oblique aponeurosis just above and medial to pubic tubercle.
27. All other structures except inferior epigastric artery are part of inguinal canal. Inferior epigastric artery lies medial to deep inguinal ring.
28. Hesselbach's triangle also known as inguinal triangle is the area for direct inguinal hernia medial to inferior epigastric artery.
29. Ilioinguinal nerve only travels through part of inguinal canal and enters inguinal canal from side not through deep inguinal ring.

### VESSELS

30. Inferior epigastric artery and deep circumflex artery are branches of the External iliac artery just above the inguinal ligament.
31. Superior epigastric artery is a terminal branch of internal thoracic artery and enters abdomen between sternal and costal margins of diaphragm.
32. Inferior epigastric vessels enters rectus sheath by piercing the transversus fascia just anterior to the arcuate line and supply central part of anterior abdominal wall.

33. Explained in layers of anterior abdominal wall.
34. Left branch of portal vein has branches that mainly originate from umbilical portion, mainly via the paraumbilical vein.
36. The intercostal nerves are important landmark references as dermatomes are located as:
- Dermatome T7 : Xiphoid process
  - Dermatome T10 : Umbilicus
  - Dermatome L1 : Pubis
40. Lymph of skin of anterior abdominal wall above level of umbilicus drains into anterior axillary (pectral) group of nodes.
41. Testicular lymph vessels ascend through inguinal canal over posterior abdominal wall to reach the lumbar (para-aortic) lymph nodes on side of aorta at L1.
42. *Structure of spermatic cord are:*
- 1-vas deferens, 2-testicular artery, 3-testicular veins, 4-testicular lymph vessels, 5-autonomic nerves, 6-processes vaginalis remains, 7-genital branch of genitofemoral nerves
  - . Epididymis is mostly coiled, when uncoiled it's length is about 6 metres which Bis equal to the length of small intestine.

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44. Internal spermatic fascia is derived from transversalis fascia as processus vaginalis descends into scrotum and attached to margins of deep inguinal ring.
45. Explained in lymph section

2. GIT Organs

46. The small intestine is supplied by the

- a. Celiac trunk
- b. Superior mesenteric artery
- c. Inferior mesenteric artery
- d. Celiac trunk and the superior mesenteric artery
- e. Superior and inferior mesenteric arteries

47. The commonest site of the vermiciform appendix is:

- a. Retrocaecal
- b. Paracaecal
- c. Pelvic
- d. Subhepatic
- e. Anterior

48. All of the following are features of the large intestine Except:

- a. Plicae circulares
- b. Haustra
- c. Teniae coli
- d. Sacculations
- e. Appendices epiploicae

49. Meckel's diverticulum is an occasional feature of which of the following structures?

- a. Duodenum
- b. Cecum
- c. Ileum
- d. Jejunum
- e. Liver

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50. The Ligament of Treitz is also called suspensory muscle of the:

- a. Stomach
- b. Duodenum
- c. Esophagus
- d. Appendix
- e. Pancreas

51. Pain caused by appendicitis may first be referred to the:

- a. Right iliac region
- b. Umbilical region
- c. Point of the shoulder
- d. Epigastric region
- e. Below the right shoulder blade

52. In ischiorectal fossa:

- a. Levator ani muscles forms the lateral wall
- b. Pudendal canal runs in the base of ischiorectal fossa
- c. Perineal branch of fourth sacral nerve is among its contents
- d. Anterior recess is the extension of fossa below the urogenital diaphragm
- e. Lunate fascia divides the fossa into ischiorectal and perianal spaces

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53. Which of the following artery supplies jejunum:

- a. Gastroduodenal artery
- b. Splenic artery
- c. Superior mesenteric artery
- d. Celiac axis
- e. Inferior mesenteric artery

54. Arterial supply of rectum is through

- a. Inferior mesenteric artery
- b. Lateral sacral artery
- c. Superior vesical artery
- d. Superior mesenteric artery
- e. External iliac artery

55. Where are Peyer's patches located?

- a. Stomach
- b. Jejunum
- c. Ileum
- d. Caecum
- e. Oesophagus

56. A 24-year-old has dull aching pain in umbilical region, and flexion of hip against resistance (psoas test) causes a sharp pain in the right lower abdominal quadrant (RIF). Which of the following structures is most likely inflamed to cause the pain:

- a. Appendix
- b. Bladder
- c. Gall bladder
- d. Pancreas
- e. Uterus

- 57. The greater duodenal papilla is:**
- a. Where the accessory pancreatic duct drains into the duodenum
  - b. Located in the first part of the duodenum
  - c. Where the anterior pancreatic arcade enters the wall of the duodenum
  - d. Superior to the lesser duodenal papilla
  - e. The terminal end of the common bile duct and pancreatic duct

**58. Following statements are true about rectum except:**

- a. Most posterior element of the pelvic viscera
- b. Immediately anterior to the sacrum
- c. Most anterior element of the pelvic viscera
- d. Begin at the end of the sigmoid colon
- e. Superior rectal artery is the chief artery supplying its mucous membrane

**59. Contents of the lienorenal ligament are::**

- a. Short gastric vessels
- b. Left gastro-epiploic vessels
- c. Splenic vessels
- d. Left renal vein
- e. c and d

**60. Hirschprung disease:**

- a. Mostly involve descending colon
- b. Is due to endodermal hyperplasia
- c. Is caused by genetic mutation
- d. Is accompanied with imperforate anus
- e. Mostly it involves the entire colon

**61. A 16-year-old male comes to your office complaining of intense abdominal pain of 24 hours duration. After examining him you strongly suspect appendicitis, Based on this diagnosis, in which location would you expect the**

- patient to feel the most intense pain during direct palpation?**
- a. In the RLQ between the ASIS and umbilicus
  - b. In the pubic region
  - c. At the umbilicus
  - d. In the LLQ between the ASIS and umbilicus
  - e. In the epigastric region

**62. Which of the following statement is not true concerning the anal canal:**

- a. It is about 1 & 1/2 inches (3.75 cm) long
- b. It pierces the urogenital diaphragm
- c. It is related laterally to the external anal sphincter
- d. It is the site of an important porto-systemic anastomosis
- e. The mucous membrane of the lower half receives its arterial supply from inferior rectal artery

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**63. Which of the following is false statement regarding ischio-rectal fossa?**

- a. It is a wedge shaped space filled with fat lateral to the anal canal
- b. Each fossa has an interior and a posterior recess
- c. The two fossae communicate with each other
- d. The pudendal canal is not a content of the fossa
- e. The ano-coccygeal body separates the two fossae below

46.D	47.A	48.A	49.C	50.B	51.B
52.C	53.C	54.A	55.C	56.A	57.E
58.C	59.C	60.C	61.A	62.C	63.D

64. A patient has penetrating ulcer of posterior wall of duodenum. Which of the following blood vessel is subject to erosion:

- a. Common hepatic artery
- b. Proper hepatic artery
- c. Anterior superior pancreaticoduodenal artery
- d. Gastroduodenal artery

65. A 60 year old male who had a history of a chronic duodenal ulcer was admitted to the emergency exhibiting signs of a severe internal hemorrhage. He was quickly diagnosed with perforation of the posterior wall of the first part of the duodenum. Which of the following artery is most likely to be damaged?

- a. Gastroduodenal
- b. Common hepatic
- c. Left gastric
- d. Splenic
- e. Superior mesenteric

66. The diaphragmatic constriction of esophagus occurs when it passes through esophageal hiatus. The distance of this constriction from incisor tooth is:

- a. 15cm
- b. 40cm
- c. 22.5cm
- d. 27.5cm

67. The greater omentum is attached to:

- a. Liver and stomach
- b. Stomach and jejunum
- c. Jejunum and colon
- d. Liver and colon
- e. Stomach and colon

68. A patient with cancer of GIT underwent surgery & resection of the growth. On histopathological examination structure is having 3 layers of smooth muscle. The most likely structure is:

- a. Ileum
- b. Esophagus
- c. Pharynx
- d. Colon
- e. Fundus of stomach

69. The free apical surface of M cells located in ileum have:

- a. Microvilli
- b. Stereocilia
- c. Cilia
- d. Microfolds

70. A 60 year old suffering from malignant tumor of fundus of stomach. Biopsy of which nodes will confirm metastasis?

- a. Pyloric
- b. Gastric
- c. Splenic
- d. Pancreatic splenic

71. The vessels that cross the anterior part of inferior horizontal aspect pf duodenum:

- a. Superior mesenteric
- b. Gastroduodenal
- c. Splenic
- d. Supra duodena

72. Which of the following is anterior boundary of Epiploic foramen?

- a. Lesser omentum
- b. Greater omentum
- c. Greater foramen
- d. Lesser foramen

73. A patient has a penetrating ulcer of the posterior wall of the first part of Duodenum. Which blood vessel is subject to erosion?

- a. Common Hepatic Artery
- b. Proper Hepatic Artery
- c. Gastroduodenal Artery
- d. Anterior Superior Pancreaticoduodenal Artery
- e. Posterior Superior Pancreaticoduodenal Artery

74. A patient is advised resection of Gastrointestinal Tract for Irritable Bowel Syndrome at the site where Vagal Parasympathetic innervations ends.

What is the most suitable site?

- a. Left colic flexure
- b. Duodenojejunal junction
- c. Right colic flexure
- d. Anorectal junction

## Stomach

**75. The stomach bed is formed by all of the following structures except:**

- a. Body of pancreas
- b. Left kidney
- c. Right kidney
- d. Left suprarenal gland
- e. Diaphragm

**76. The pylorus of stomach:**

- a. Is covered by the peritoneum only on its anterior aspect
- b. Is indicated by the prepyloric vein
- c. Is drained into superior mesenteric group of lymph nodes
- d. Has only a physiological sphincter
- e. Lies about an inch to the left of median plane

**77. Pain due to gastric ulcer is referred to:**

- a. Umbilical region
- b. Epigastric region
- c. Right iliac region
- d. Left iliac region
- e. To penis or clitoris

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**78. The stomach:**

- a. Is attached to the liver by the coronary ligament
- b. In its interior, has circular folds of mucosa called plicae circulares
- c. Has the lesser omentum attached to its greater curvature
- d. Is supplied by the gastro-epiploic arteries along its greater curvature
- e. Is supplied by short gastric arteries in its pyloric region

**79. A 54 years old male is admitted to emergency department with severe upper abdominal pain. Investigations reveal a tumor in the antrum of stomach. A CT scan is ordered to find the spread of cancer to regional lymph nodes. Which of the following lymph nodes are expected most likely to be involved:**

- a. Celiac
- b. Superior mesenteric
- c. Inferior mesenteric
- d. Lumbar
- e. Hepatic

64.D	65.A	66.B	67.E	68.E	69.B
70.D	71.B	72.A	73.C	74.A	75.C
76.B	77.B	78.D	79.A		

**Explanation 2. GIT Organs**

**46.** It is supplied by the superior pancreaticoduodenal artery, a branch of gastroduodenal artery, a branch of celiac trunk and inferior pancreaticoduodenal artery, a branch of superior mesenteric artery.

**47.** Vermiform appendix base is attached to posteromedial surface of caecum so the most commonest site is Retrocaecal .(behind caecum)

**48.** All others are features of small intestine except plicae circulares which are the mucous membrane folds in small intestine , they are absent in large intestine.

**49.** Merckel's diverticulum is a congenital outpouching or bulge in lower part of small intestine about 2ft from iliocecal valve. It is a leftover of umbilical cord.

**50.** The duodenojejunal flexure is held in position by a peritoneal fold, the suspensory ligament of the duodenum (ligament of Treitz) which is attached to the right crus of the diaphragm.

## ABDOMEN ,PELVIS ANATOMY

51. Afferent fibres from here enter spinal cord at level of 10th thoracic segment and a vague referred pain is felt in the region of umbilicus.
52. Ischiorectal fascia lies on both sides of oval canal, bound by obturator internus and levator ani muscle and contains pudendal canal.
54. Superior rectal artery which is the main blood supply to mucous membrane is one of the terminal branch of inferior mesenteric artery.
55. Aggregations of lymphoid tissue (peyer's patches) are present in the mucous membranes of the lower ileum along the antimesenteric border. They are absent in jejunum.
57. Common bile duct and main pancreatic duct unite to form ampula that opens on summit pf major duodenal papillae.
58. Rectum is the most posterior element of pelvic viscera that lies behind urinary bladder and vagina (in females) and retrovesical pouch, vas deferens (in males).
59. Splenic artery that arises from celiac artery enters the splenorenal ligament on reaching the left kidney and runs to the hilum of the spleen.
60. Hirschsprung disease is a birth defect in which some nerve cells are missing in the large intestine; so a child's intestine can't have stools and gets blocked.
61. Because vermiform appendix lies in the right lower quadrant between anterior superior iliac spine and umbilicus at a point known as MC Burney's point.
62. External anal sphincter lies lateral to the internal anal sphincter and anal canal. Anal canal lies medial.
63. Pudendal canal containing pudendal vessels and perineal branch of pudendal nerve is a content of ischiorectal fascia lying laterally within it.
64. The gastroduodenal artery (GDA) is a branch of the common hepatic artery the supplies the pylorus of the stomach, superior part of the duodenum, and the head of the pancreas It is located in the epigastric region of the abdomen, coursing behind the duodenum.
65. Gastroduodenal artery is a small blood vessel in the abdomen. It supplies blood directly to the pylorus (distal part of the stomach) and proximal part of the duodenum. It also indirectly supplies the pancreatic head (via the anterior and posterior superior
66. The distance of this constriction from incisor
67. The greater omentum is attached to Stomach and colon
68. The fundus (from Latin 'bottom') is formed in the upper curved part. The body is main, central region of the stomach. The pylorus (from Greek 'gatekeeper') is the lower section the stomach that empties contents into the duodenum.
69. The free apical surface of M cells located in ileum have Microfolds Key:
70. Pancreas and the spleen lie in close proximity, splenic complications may occur in the course of acute or chronic pancreatitis in the form of isolated splenic vein thrombosis, intrasplenic pseudocysts, splenic rupture, infarction, and necroses as well as splenic hematoma and severe bleeding from eroded splenic
71. The vessels that cross the anterior part of inferior horizontal aspect of Duodenum is Gastroduodenal.

**72.** The epiploic foramen (also called the foramen of Winslow) is a passage between the greater sac (peritoneal cavity proper) and the lesser sac (omental bursa), allowing communication between these two spaces

**73.** The gastroduodenal artery (GDA) is a terminal branch of the common hepatic artery which mainly supplies the pylorus of the stomach, proximal duodenum, and the head of the pancreas

**74.** Splenic flexure syndrome occurs when gas builds up or becomes trapped in your colon. Thought to be the primary cause of this condition, gas accumulation causes trapped air to push on the inner lining of your stomach and digestive tract. As a result, pressure can build on surrounding organs causing pain and discomfort

**75.** The stomach bed is formed by diaphragm, the spleen, the left suprarenal gland, the upper part of the left kidney, the splenic artery, the pancreas, the transverse mesocolon and the transverse colon.

**76.** Prepyloric vein is a tributary of right gastric vein that passes anterior to pylorus at its junction with duodenum marking the end of stomach.

**77.** Pain due to gastric ulcer or duodenal ulcer is most commonly referred to epigastric region of anterior abdominal wall.

**78.** The left gastroepiploic artery arises from the splenic artery. Passes forward in gastroplenic omentum (ligament) to supply the stomach along the upper part of greater curvature.

**79.** The lymph vessels follow the arteries and drain into respective left and right nodes, short gastric nodes etc and all

lymph vessels eventually pass to celiac nodes around root of celiac artery.

**3. GIT Arterial Supply**

**80.** Which of the following artery is a branch of the celiac trunk?

- a. Gastroduodenal artery
- b. Proper hepatic artery
- c. Left gestic artery
- d. Right gastric artery
- e. Cystic artery

**81.** Regarding blood supply of gut, the branches from celiac trunk supply:

- a. Part of the colon
- b. All the jejunum
- c. All of the ileum
- d. Part of appendix
- e. Part of duodenum

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**82.** Regarding arterial supply, the left gastric artery also supplies:

- a. Lower right part of stomach
- b. Upper left part of stomach
- c. Lower third of esophagus
- d. The greater curvature of stomach

**83.** The arterial supply of stomach comes from the:

- a. Left gastric artery
- b. Splenic artery
- c. Celiac trunk
- d. Superior mesenteric artery
- e. Gastroduodenal artery

**84.** The short gastric arteries originate from the:

- a. Superior mesenteric artery
- b. Hepatic artery
- c. Splenic artery
- d. Inferior phrenic artery
- e. Left renal artery

80.C

81.E

82.C

83.C

84.C

**ABDOMEN ,PELVIS ANATOMY**

**85. The superior rectal artery originates from the:**

- a. Internal pudendal artery
- b. Inferior mesenteric artery
- c. External iliac artery
- d. Internal iliac artery
- e. None of the above

**86. Cystic artery arises from:**

- a. Right hepatic artery
- b. Left hepatic artery
- c. Common hepatic artery
- d. Gastroduodenal artery
- e. Inferior pancreaticoduodenal artery

**87. Which of the following artery supplies jejunum:**

- a. Gastroduodenal artery
- b. Splenic artery
- c. Superior mesenteric artery
- d. Celiac axis
- e. Inferior mesenteric artery

**88. Arterial supply of rectum is through:**

- a. Inferior mesenteric artery
- b. Lateral sacral artery
- c. Superior vesical artery
- d. Superior mesenteric artery
- e. External iliac artery

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**89. Gastroduodenal artery is a branch of:**

- a. Coeliac trunk
- b. Hepatic artery
- c. Splenic artery
- d. Cystic artery
- e. Right gastric artery

**90. Which of the following structures is not supplied by the superior mesenteric artery?**

- |                     |           |
|---------------------|-----------|
| a. Appendix         | b. Rectum |
| c. Pancreas         | d. Cecum  |
| e. Transverse colon |           |

**91. This vessel is a branch of the superior mesenteric artery:**

- a. Common hepatic artery
- b. Dorsal pancreatic artery
- c. Esophageal artery
- d. Left hepatic artery
- e. Posterior inferior pancreaticoduodenal artery

**92. Appendicular artery is the branch of:**

- a. Ileal artery
- b. Inferior mesenteric artery
- c. Inferior pancreaticoduodenal artery
- d. Ilio colic artery
- e. None of the above

**93. One of the contents of lesser omentum is:**

- a. Hepatic artery
- b. Hepatic vein
- c. Inferior mesenteric artery
- d. Superior mesenteric artery
- e. Superior mesenteric vein

**94. The superior mesenteric artery:**

- a. Supplies the hind gut
- b. Lies posterior to second part of duodenum
- c. Gives branch to descending colon
- d. Lies anterior to uncinate process of pancreas
- e. Is related to inferior surface to liver

**95. Contents of the lienorenal ligament are:**

- a. Short gastric vessels
- b. Left gastro-epiploic vessels
- c. Splenic vessels
- d. Left renal vein
- e. c and d

85.B	86.A	87.C	88.A	89.B	90.B
91.E	92.D	93.A	94.D	95.C	---

**Explanation 3. GIT Arterial Supply**

80. The small left gastric artery is a short direct branch of celiac artery that supplies to upper lesser curvature of stomach and anastomose with right gastric artery.
81. Celiac trunk is the artery of foregut that supplies from lower third of oesophagus down as far as second part of duodenum.
82. Left gastric artery arises from the celiac trunk and runs to cardiac end of stomach while giving off few oesophageal branches.
83. Stomach gets its blood supply from left gastric artery, short gastric arteries, right gastric artery and gastroepiploic arteries which are all branches of the celiac trunk.
84. Short gastric arteries five or six in number arise from the end of splenic artery and mainly supplies the fundus of stomach and anastomose with left gastric artery and left gastro-mental artery.
85. Superior rectal artery is the terminal branch of inferior mesenteric artery. This artery supplies the rectum and upper half of anal canal and anastomose with middle and inferior rectal arteries.
86. Cystic artery which runs to neck of gallbladder is a branch of right hepatic artery in porta hepatis.
87. The jejunal branches arises from the left side of superior mesenteric artery which form arcades from terminal arcades, vaso recta straight vessels supplying the jejunum.
88. Explained in git organs section.
89. Gastroduodenal is a large branch of hepatic artery that descends behind 1st part of duodenum. It divides into right gastro-mental artery and superior-pancreaticoduodenal artery.

90. Superior mesenteric artery supplies from distal part of duodenum to the proximal half of transverse colon. Rectum is supplied by inferior mesenteric artery.
91. Inferior pancreaticoduodenal artery is a branch of superior mesenteric artery and supplies the pancreas and adjoining part of duodenum.
92. Appendicular artery which supplies appendix is a branch of posterior anal arteries, which is a branch of superior mesenteric artery.
93. Hepatic artery ascends between the layers of lesser omentum that connects lesser curvature of stomach from the porta hepatis of the liver.
94. A part of head of pancreas extend to left called uncinate process. It lies behind superior mesenteric artery.
95. Splenic vessels, a branch of celiac artery on reaching the left kidney, enters the lienorenal ligament and runs to hilum of spleen.

**3. GIT Veinous Drainage**

96. Caput medusae is the result of:
- The portal vein obstruction
  - Prolong erect posture
  - Intestinal obstruction
  - Injury to abdominal wall
  - Distended subcutaneous arteries

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97. Following are tributaries of portal vein except:
- Cystic veins
  - Superior mesenteric vein
  - Splenic vein
  - Short gastric veins
  - Inferior mesenteric vein

**98. All are true about the portal vein except:**

- a. The portal vein begins at L2 level by the union of superior mesenteric and splenic veins
- b. It is about 8cm long
- c. It carries blood to the liver which is laden with products of digestion
- d. The incidence of hemorrhoids is decreased many times in portal hypertension
- e. In portal obstruction anastomosis may open up between systemic and portal circulation

**99. A 40 years old male is diagnosed with cirrhosis of liver with portal venous obstruction & hypertension. Which of the following veins would still convey blood to caval system:**

- a. Vesical veins
- b. Testicular veins
- c. Ovarian veins
- d. Internal iliac veins
- e. Azygous & Hemiazygous veins

**100. The hepatic portal vein:**

- a. Is formed by the joining of the superior mesenteric and splenic veins
- b. Courses through the greater omentum on its route to the liver
- c. Connects the venous capillaries in the gut to those in the stomach
- d. Has valves that prevent blood from flowing back into the gut
- e. Is the only example of a portal system in the body

**101. The hepatic portal venous system:**

- a. Begins as lacteals in the gastrointestinal tract
- b. Ends as proper hepatic arteries in the liver

- c. Has hepatic sinusoids which combine to form cystic veins
- d. Has hepatic veins which course through the hepatoduodenal ligament
- e. Often carries blood which is enriched by the products of digestion

**102. All are the sites of portal systemic anastomosis except:**

- a. Bare area of liver
- b. Posterior wall of stomach
- c. Anal canal
- d. Umbilicus
- e. Gastro-esophageal junction

**103. Which of the following shunt is found in left renal and splenic vein?**

- a. Portohepatic shunt
- b. AV shunt
- c. Portosystemic shunt
- d. None of the above

**104. In adults, hepatic vein drains their venous blood into:**

- |                       |                     |
|-----------------------|---------------------|
| a. Azygous vein       | b. Portal vein      |
| c. Inferior vena cava | d. Right renal vein |

**105. Pudendal Block is Given at which of the following location?**

- |                   |                |
|-------------------|----------------|
| a. Pubic tubercle | b. tuberosity  |
| c. Ischial Spine  | d. Iliac crest |

96.A 101.E	97.E 102.B	98.D 103.C	99.E 104.C	100.A 105.E
Explanation 3. GIT Veinous Drainage				

**96.** In case of portal vein obstruction the superficial veins around umbilicus and paraumbilicus veins become grossly distended leading to condition known as caput medusae.

**97.** Both of them are tributaries of splenic veins, short gastric veins and inferior mesenteric vein, first joins the splenic vein which then drains to portal vein.

**98.** All others are correct except this one because occurrence of hemorrhoids is increased in patients with portal hypertension, with congestive enlargement of spleen.

**99.** In portal venous obstruction the caval (or systemic) system will only convey blood from the azygous and hemiazygous veins, which drains thoracic regions mainly.

**100.** Both these veins unite behind the neck of pancreas to form portal vein which enters the liver and break up into sinusoids, portal vein reaches liver by entering the lesser omentum.

**101.** The tributaries of hepatic portal venous system drains blood from all parts of gut therefore carries nutrient rich blood to liver.

**102.** Portal systemic anastomosis are smaller communication between veins of portal and venous system. They are present at many places but not at posterior wall of stomach.

## 5. Peritoneum

**106. The omental (epiploic) foramen is bounded by all of the following except:**

- a. Peritoneum over the inferior vena cava
- b. First part of the duodenum
- c. Caudate lobe of the liver
- d. Right free margin of lesser omentum
- e. Ligamentum venosum

**107. The inferior boundary of the epiploic foramen is formed by the following structures?**

- a. Inferior vena cava
- b. Hepatoduodenal ligament
- c. Neck of pancreas
- d. Lesser omentum
- e. First part of the duodenum

**108. Which one of the following is retroperitoneal part of gut?**

- a. Lower end of esophagus
- b. Transverse colon
- c. The jejunum
- d. The end of ileum
- e. Lower third of rectum

**109. Regarding epiploic foramen, It is posteriorly related to:**

- a. Caudate process
- b. Inferior vena cava
- c. 1<sup>st</sup> part of jejunum
- d. 2<sup>nd</sup> part of duodenum
- e. The 3<sup>rd</sup> part of duodenum

**110. Which of the following part of gut is intraperitoneal?**

- a. Distal half of duodenum
- b. The 1<sup>st</sup> part of duodenum
- c. The 2<sup>nd</sup> part of duodenum
- d. The 3<sup>rd</sup> part of duodenum
- e. The 4<sup>th</sup> part of duodenum

**111. The posterior boundary of the epiploic foramen is formed by the:**

- |                     |                       |
|---------------------|-----------------------|
| a. Duodenum         | b. Lesser omentum     |
| c. Stomach          | d. Inferior vena cava |
| e. Transverse colon |                       |

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**112. The hepatogastric ligament is part of the:**

- a. Round ligament
- b. Lesser omentum
- c. Falciform ligament
- d. Greater omentum
- e. Coronary ligament

**113. Which structure is not retroperitoneal?**

- a. Pancreas
- b. Sympathetic trunk
- c. Celiac trunk
- d. Appendix
- e. Cisterna

<b>106.E</b>	<b>107.E</b>	<b>108.E</b>	<b>109.B</b>
<b>110.B</b>	<b>111.D</b>	<b>112.B</b>	<b>113.D</b>

**ABDOMEN ,PELVIS ANATOMY**

- 114. Epiploic foramen-select the true:**
- Is 2 inches vertical slit
  - Inferior vena cava lies to its right
  - Lower boundary is formed by 2nd part of duodenum
  - Hepatic artery lies in the anterior boundary
  - Bile duct lies posterior to hepatic artery

**115. The omental (epiploic) foramen is bounded by all of the following except:**

- Peritoneum over the inferior vena cava
- First part of the duodenum
- Caudate lobe of the liver
- Right free margin of lesser omentum
- Ligamentum venosum

**114.D**

**115.C**

**Explanation 5. Peritoneum**

**106.** All others form boundaries of epiploic foramen except ligamentum venosum, which is a ligament of liver.

**107.** The boundaries of epiploic foramen are:

Anteriorly:free border of lesser omentum, bile duct, hepatic artery, portal vein

Posteriorly:inferior vena cava

Superiorly:caudate lobe of liver

Inferiorly:first part of duodenum

**108.** Retroperitoneal organ is only partially covered with visceral peritoneum. First and second part of rectum have peritoneal covering while lower third is devoid of peritoneum.

**110.** Intraperitoneal organ is one which is almost totally covered with peritoneum. The first part of duodenum resembles stomach, so it is called intraperitoneal.

**112.** Hepatogastric ligament is a part of lesser omentum which connects lesser curvature of stomach to the liver.

**113.** Intrapitoneal organ is almost completely covered with peritoneum so as appendix is completely covered with peritoneum and has a short mesentery of its own called mesoappendix.

**6. Accessory Organs**

**116. The following statements concerning the gallbladder are correct except:**

- Develops from the hepatic diverticulum
- It is lined by simple columnar epithelium
- The fundus of the gallbladder is located at the tip of the right ninth costal cartilage
- It lies in the gallbladder fossa beneath the left hepatic lobe adjacent to the quadrate lobe
- Is supplied by the cystic artery, a branch of the right hepatic artery

**117. Which of the following ligaments is not connected to the liver?**

- Triangular ligament
- Coronary ligament
- Lieno-renal ligament
- Alciform ligament
- Lesser omentum

**118. Accessory hepatic ducts:**

- Are present in 30% of subjects
- Usually arise from left lobe of liver
- Always end up in the gall bladder
- Are a common cause of postoperative bile leak
- None of above

**119. The liver is supported in the abdominal cavity by:**

- Hepatic veins and inferior vena cava
- Ligaments of the liver
- Underlying viscera
- Intra-abdominal pressure
- All of the above

**120. The porta hepatis:**

- a. Is a transverse tissue on the inferior surface of the right lobe
- b. It lies in the quadrate lobe
- c. Give attachment to the lesser omentum
- d. Transmit hepatic artery, hepatic veins
- e. Is a condensation of connective tissue

**121. Ligamentum teres represents the obliterated form of:**

- a. Left umbilical vein
- b. Right umbilical vein
- c. Right umbilical artery
- d. Ductus venosus
- e. Peritoneal fold

**122. Which of the following ligaments is not connected to the liver?**

- a. Triangular ligament
- b. Coronary ligament
- c. Lieno-renal ligament
- d. Falciform ligament
- e. Lesser omentum

**123. The liver is supported in the abdominal cavity by:**

- a. Hepatic veins and inferior vena cava
- b. Ligaments of the liver
- c. Underlying viscera
- d. Intra-abdominal pressure
- e. All of the above

<b>116.D</b>	<b>117.C</b>	<b>118.D</b>	<b>119.E</b>
<b>120.C</b>	<b>121.A</b>	<b>122.C</b>	<b>123.E</b>

**Explanation 6. Accessory Organs**

**116.** Gall bladder is a pear shaped sac lying beneath the inferior surface of right hepatic lobe of liver.

**117.** All of the following are connected to liver except leno venal which connects the kidney to the spleen.

**118.** Accessory hepatic duct (duct of luschka) connect directly from hepatic bed to gall bladder, during cholecystectomy

they should be ligated to prevent biliary leakage.

**119.** The liver is held in position in upper part of abdominal cavity by attachment of hepatic veins and inferior vena cava.

Peritoneal ligament plays a minor role.

**120.** Upper part of free edge of lesser omentum is attached to the margins of porta hepatis that lies between quadrate and caudate lobe.

**121.** Ligamentum teres which is a part of falciform ligament represents obliterated form of left umbilical vein.

**122.** Leino renal ligament is not connected to liver, instead it connects hilum of spleen to hilum of kidney.

**7. Urinary Tract****124. The narrowest part of male urethra is:**

- a. Bulbar urethra
- b. Penile urethra
- c. Membranous urethra
- d. Prostatic urethra
- e. Navicular fossa

**125. All of the following statements about the relationship of kidney to other organ and structures are true except.**

- a. The hilum of right kidney is in contact with the second part of duodenum.
- b. Apex of each kidney is in contact with the supra renal gland
- c. The anterior surface of each kidney is crossed by tail of pancreas
- d. Kidney are surrounded by perirenal fat enclosed by renal fascia
- e. Posterior surfaces of right kidney is in contact with the liver.

**124.C****125.E**

**ABDOMEN ,PELVIS ANATOMY**

**126. A Ureter having normal diameter can pass a stone upto:**

- a. 3mm
- b. 2.5mm
- c. 6mm
- d. 7mm
- e. 1cm

**127. Anterior relation of right kidney except.**

- a. Liver
- b. Right colic flexure
- c. Descending part of duodenum
- d. Pancreas
- e. Supra renal gland

**128. Superior mesenteric artery.**

- a. Supply hind gut
- b. Lies posterior to second part of duodenum
- c. Give branch to Descending colon
- d. Lies anterior to uncinate process of pancreas
- e. Is related to Inferior surface of liver

**129. All are posterior to abdominal part of Ureter except.:**

- a. Gentofemoral nerve
- b. Psoas major
- c. Ilio inguinal nerve
- d. Tip of lumbar transvers process
- e. Bifurcation of common Iliac vessel

**130. The arterial supply to urinary bladder comes from:**

- a. Femoral artery
- b. Obturator artery
- c. Superior gluteal artery
- d. Internal Iliac artery
- e. Descending aorta

**131. All are true for urethra except.**

- a. Membranous part develop from mesonphric duct
- b. Urthral epithelium originate from endoderm
- c. Prostatic part develop from second part of urinogenital sinus.

- d. Epispadias may occur in isolation
- e. Prostatic part of urethra is develop from phallic part of urinogenital sinus

**132. The following statements concerning ureter are true except.**

- a. Both are separated from the transvers process of lumbar vertebrae by psoas muscles
- b. Both have anatomical site that are constricted
- c. Both receive blood supply from testicular or ovarian vessel
- d. Both passes anterior to testicular vessel
- e. Both lie anterior to sacroiliac joint

**133. The projection of medulla into the cortex is:**

- a. Pyramid
- b. Lob
- c. Medullary rays
- d. Nephron
- e. Renal column

**134. All of the following are normal features of prostatic urethra except.**

- a. Seminal colliculus
- b. Openings of the duct of prostate gland
- c. Openings of the duct of bulbourethral gland
- d. Prostatic utricle
- e. Urethral crest

**135. The following statements are true about rectum except.**

- a. Most posterior elements of pelvic viscera
- b. Immediately anterior to sacrum
- c. Most anterior elements of pelvic viscera
- d. Begin at end of sigmoid colon
- e. Superior rectal artery is the chief artery supplying its mucous membrane.

126.D	127.D	128.D	129.C	130.D
131.A	132.C/D	133.C	134.C	135.C

**Explanation 7. Urinary Tract**

**124.** The membranous urethra that passes through the sphincter Urethrae muscle and the perineal membrane is the least dilatable portion of the urethra.

**125.** Liver is present on the anterior Surface of right Kidney, not on the posterior surface

**126.** Ureter Stones of sizes 5-7 mm have a 50% chance. Of passing without a Surgical procedure - 7mm < greater than it has a rare chance of passing

**127.** The tail of the pancreas is present anteriorly in front of the Left kidney, not the right and instead, the duodenum is present in front of the right Kidney

**128.** The ureter runs on psoas muscle which Separates it from the tip of the transverse process of lumbar vertebrae.

**129.** Ilioinguinal nerve (4) is not found in posterior relation to "ureter" instead it is present on the posterior side of both kidney.

**130.** Superior and inferior vesical arteries branch from the internal iliac artery and Supply the bladder, In females, the vaginal artery does supply

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**131.** The membranous urethra and major part of the Penile urethra develop from the urogenital Sinus and not the mesonephric duct.

**132.** C-Both receives blood supply only from testicular arteries or ovarian vessels.

D. Both pass anterior to testicular and ovarian vessels.

**8. Posterior Abdominal Wall**

**136.** Regarding posterior abdominal wall the psoas major is attached to:

- a. Intertrochanteric crest
- b. Ischial tuberosity
- c. Iliac fossa
- d. Greater trochanter
- e. Lesser trochanter

**136.** The thoracic duct passes through in the diaphragm.

- a. Esophageal hiatus
- b. Vena cava hiatus
- c. Aortic hiatus
- d. Perforation in the crura
- e. None of the above

**138.** Azygous vein passes in the diaphragm through:

- a. Aortic hiatus
- b. Esophageal hiatus
- c. Vena cava hiatus
- d. Perforation in the crura
- e. Between the slips of origin of diaphragm from ribs.

**139.** Vagal trunk enter the abdomen to.

- a. Esophageal hiatus
- b. Inferior Vena cava hiatus
- c. Aortic hiatus
- d. Medial arcuate ligament
- e. Lateral arcuate ligament

**140.** Which best describe posterior superior Iliac spine.?

- a. Readily palpable
- b. Lateral to the spinous process of S3
- c. At the level of bifurcation of common Iliac vessel
- d. At the highest point of sacroiliac joint
- e. A+B

136.E

137.C

138.A

139.A

140.D

**ABDOMEN ,PELVIS ANATOMY**

**141. Which best describe the lumbosacral angle?**

- a. Formed by the intersection of
- b. longitudinal axes of L5 and S1.
- c. Large in female
- d. Second name to sacral promontory.
- e. Refers to greater dimensions of sacral Ala.
- f. All of the above

**142. Regarding root value all are false except.**

- a. Root value for ilio inguinal and ilio hypogastric nerve is L1 L2
- b. L1 L2 is the root value for gentofemoral nerve
- c. L2 L3 L4 anterior division of humor plexus is the root value for femoral nerve.
- d. L2 L3 L4 posterior division of humor plexus is the root value for obturator nerve
- e. Let femoral contain nerve from the anterior division of lung plexus.

**143. The diaphragm.**

- a. Has sterna origin from the posterior surface of the lower end of the body of sternum.
- b. Has two crura attached to the lumbar vertebrae
- c. Central tendon which are pierced by esophagus
- d. Inserted into lower six costal cartilages
- e. None

**144. Left gonadal vein drain into:**

- a. Inferior Vena cava
- b. Renal vein
- c. Internal Iliac vein
- d. Common Iliac vein
- e. None

141.A	142.B	143.B	144.B
-------	-------	-------	-------

Explanation

**136. Psoas major muscle that arises from the 12th thoracic and five Lesses trochantur of femur.**

**136. Thoracic duct along with azygous vein and aorta passes through aortic hiatus that lies at the level of Tiz vertebrae.**

**138. The azygous vein along. With the thoracic duct and aorta passes through the aortic hiatus that lies at the level of Tiz vertebrae.**

**139. The right and left vagus nerve passes through the Esophageal hiatus along with the Esophagus and oesophageal branches of left gastric vessels**

**140. The posterior superior iliac spine lies at the highest point of the pelvis at the level of s1 or s2.**

**142. The genitofemoral nerve is a part of the Lumbar plexus that supplies Cremaster muscle in male skin over the anterior surface of the thigh.**

**143. The diaphragm has three origins**

- a. Sternal attached to the xiphoid process
- b. Costal to ribs
- c. Lumbar crura attached to lumbar vertebrae

**144. Lett gonadal a vein along with the left suprarenal vein drains into the left renal vein that drains into the inferior vena cava.**

**9. Pelvis**

**145. Inguinal ligament is formed by the folding of aponeurosis of which of the following muscles?**

- a. Pyramidalis muscle
- b. Rectus abdominis muscle
- c. Transversus abdominis muscle
- d. External oblique muscle
- e. Internal oblique muscle

**146. In ischiorectal fossa:**

- a. Levator ani muscles forms the lateral wall
- b. Pudendal canal runs in the base of ischiorectal fossa
- c. Perineal branch of fourth sacral nerve is among its contents
- d. Anterior recess is the extension of fossa below the urogenital diaphragm
- e. Lunate fascia divides the fossa into ischiorectal and perineal spaces

**147. Which of the following is a content of the greater (false) pelvis?**

- |                    |           |
|--------------------|-----------|
| a. Bladder         | b. Rectum |
| c. Seminal vesicle |           |
| d. Sigmoid colon   |           |
| e. Prostate gland  |           |

**148. Pelvis diaphragm:**

- a. Is formed by the two elevators and muscle only
- b. Formation is different from plevis floor
- c. Forms an important support for the pelvis viscera
- d. Is supplied by the branches from the lumbar plexus
- e. Formed by muscles and 3 layers of fascia

**149. Pelvic splanchnic nerves carry which fibres:**

- a. Preganglionic parasympathetic
- b. Postganglionic parasympathetic
- c. Preganglionic sympathetic
- d. Postganglionic sympathetic
- e. c and d

**150. Paradidymis- its true that:**

- a. Membranous part develops from mesonephric duct
- b. Remnant of epigenital tubules
- c. Remnant of mesonephric duct
- d. Synonym of ductuli efferentes
- e. Communicates with epididymis

**151. Which landmark does NOT contribute to the superior pelvis aperture (aka pelvis inlet) which is also the boundary between the false and true pelvis?**

- a. Pubic crest
- b. Arcuate and pecten line
- c. Inferior margin of pubic symphysis
- d. Sacral alae sacral promontory

**152. Which best describes the true pelvis?**

- a. Lies between the supravertebra plane and the pelvis brim
- b. Is bounded laterally by the iliac fossa
- c. Is bounded inferiorly by the pelvis diaphragm
- d. Contains the entirety of the urinary bladder, rectum, and reproductive organs
- e. None of the above

**153. Which ligament is responsible for most of the stability between the sacrum and ilium?**

- |                         |                 |
|-------------------------|-----------------|
| a. Anterior sacroiliac  | b. Iliolumbar   |
| c. Posterior sacroiliac | d. Sacrospinous |
| e. Sacrotuberous        |                 |

**154. Which of the following does not form a surface landmark:**

- a. Pubic tubercle
- b. Pecten pubis
- c. Anterior superior iliac spine
- d. Tuber of iliac spine
- e. Iliac crest

**155. The ilium, ischium and pubis fuse with each other at the age of:**

- |               |               |
|---------------|---------------|
| a. One year   | b. Eight year |
| c. Puberty    | d. 15-25 year |
| e. Forty year |               |

145.D	146.C	147.C	148.C
149.A	150.D	151.C	152.C
153.C	154.B	155.D	-----

## 10. Perenium

Explanation **9. Pelvis**

**148.** The floor of the pelvis is formed by the pelvic diaphragm and it is mainly to provide support for Pelvic viscera.

**151.** Pelvic inlet is also known as pelvic brim is formed by

Posteriorly: Sacral promontory

laterally: Iliopectireal lines

anteriorly: superior margin of the symphysis pubis

**152.** The true pelvis is bounded inferiorly by the pelvic floor or diaphragm which provides support to the pelvic Viscera

**153.** The strong posterior sacroiliac ligament suspends the sacrum between the two iliac bones so provides most

of support between the sacrum and ilium

**154.** Pecten Pubis located anteriorly does not form a surface landmark of the pelvis as all the other structures.

**155.** Prior to puberty, a triradiate Cartilage separates these parts and they only begin to fuse at the age of 15 -25.

**156. Following are the contents of deep perineal pouch except one:**

- a. Membranous part of urethra
- b. The sphincter urethrae
- c. Deep transverse perineal muscle
- d. Ischiocavernous muscle

**157. In order to perform a pudendal nerve block in a female patient, which bony structure would you use as the most reliable anatomical landmark?**

- a. Coccyx
- b. Ischial spine
- c. Ischial tuberosity
- d. Posterior inferior iliac spine
- e. Posterior superior iliac spine

**158. The pudendal canal:**

- a. Is an opening in the ala of ilium
- b. Transmits the genital branch of the genitofemoral nerve
- c. Is the most important of the deep porineal space
- d. Is a specialization of the obturator internus fascia
- e. Transmits the superficial external pudendal artery

**159. All of the following are contents of the deep perineal space in the female except:**

- a. The deep transverse perineus muscle
- b. A portion of urethra
- c. The greater vestibular glands
- d. Part of vagina
- e. The dorsal nerves of the clitoris

**160. The deep perineal space in the male contains each of the following except:**

- a. Membranous urethra
- b. Prostate gland
- c. Bulbourethral glands
- d. Deep transverse perineus muscle
- e. Sphincter uretrae muscle

**161. Which of the following divides the perineum into urogenital and anal triangles:**

- a. Levator ani muscle
- b. Superficial transverse perineal muscle
- c. Deep transverse perineal muscle
- d. An arbitrary line between two ischial tuberosities
- e. Perineal body

**162. Which of the following structures lies in the deep perineal space?**

- a. Bulbourethral glands
- b. Crus of penis
- c. Bulb of vestibule
- d. Spongy urethra
- e. Great vestibular gland

**163. Following are the contents of superficial perineal pouch except:**

- a. Bulbourethral glands
- b. Crus of penis
- c. Bulb of vestibule
- d. Spongy urethra
- e. Great vestibular gland

**164. Urogenital diaphragm is formed by the following structures except:**

- a. Deep transverse perineal muscle
- b. Perineal membrane
- c. Sphincter urethrae muscle
- d. Colle's fascia
- e. Parietal pelvic fascia covering the upper surface of the sphincter urethrae muscle

**165. In both sexes, area between thighs that is circumscribed by pubic symphysis, ischial tuberosities, and coccyx is called:**

- a. Perineum      b. Urogenital triangle
- c. Anal triangle    d. Pubic region
- e. Lumbar triangle

**166. In the femoral region, the:**

- a. Femoral sheath contain the femoral nerve
- b. Femoral canal lies lateral to the femoral vein
- c. Femoral canal is the site for indirect inguinal hernia
- d. Femoral ring is the abdominal end of femoral canal
- e. Lateral ligament form the posterior boundary of the femoral ring

**167. All are passing via the lesser sciatic foramen except:**

- a. Pudendal nerve
- b. Nerve to quadratus femoris
- c. Internal pudendal vessel
- d. Nerve to obturator inferior
- e. Tendon of obturator inferior

**168. The following structures exit the greater sciatic foramen below the piriformis muscle except:**

- a. Nerve to obturator
- b. Superior gluteal nerve
- c. Inferior gluteal nerve
- d. Sciatic nerve
- e. Post, contains nerve of thigh

**169. The adductor canal, all are true except:**

- a. Is bounded by the vastus medialis laterally
- b. Contains sphenous nerve
- c. Contains the deep femoral artery
- d. Contains the nerve to vastus medialis
- e. Contains an artery that forms an anastomosis around the knee joint

156.D	157.B	158.D	159.C	160.B
161.D	162.A	163.A	164.D	165.A
166.D	167.B	168.B	169.C	-----

**Explanation 10. Perenium**

**156.** Deep perineal space or pouch is a zone located deep to the superficial Perineal Space - superiorly bounded by the inferior fascia of pelvic diaphragm and inferiorly bounded by the perineal membrane.

**157.** The bony landmark used is the ischial spine. The index finger is inserted through the vagina to palpate the ischial spine. On passing through the Sadrospinous ligament, the anaesthetic solution is injected around the pudendal nerve.

**168.** Pudendal Canal is found in the lower lateral walls of ischiorectal fossae - It's contents are

- 1) Pudendal nerve.
- 2) Internal pudendal artery
- 3) Internal pudendal vein

**168.** Deep perineal space contains part of the urethra, internal urethral sphincter, deep transverse perineal muscles, part of the vagina, and branches of internal pudendal vessels, and pudendal nerve

**161.** The urogenital triangle forms the anterior half of the perineum and the anal triangle forms the posterior half of the perineum .

**162.** The bulbourethral glands are one of the main structures in the Deep perineal space of males. In addition to deep transverse perineal muscles, part of the urethra and internal urethral sphincter.

**163.** Superficial (inferior) perineal space is space between the superficial perineal fascia and perineal membrane - It consists of Greater vestibular glands (in females), Crura of the penis or clitoris Plus ischiocavernosus muscle Superficial transverse perineal muscle

**164.** The urogenital diaphragm is composed of three layers  
1) inferior fascia of urogenital diaphragm (perineal membrane)  
2) Deep perineal space (pouch)  
3) Superior fascia of the urogenital diaphragm

**165.** The perineum is further divided into two halves by an imaginary line between two ischial tuberosities  
1) urogenital triangle (anterior half)  
2) anal triangle (posterior half).

**166.** The femoral ring is the upper opening of the femoral canal - The femoral septum usually plugs the opening of the femoral ring and closes the ring.

**168.** Superior gluteal nerve and superior gluteal vessels exit the greater sciatic foramina above Piriformis muscles. All other structures exit below Piriformis

**169.** The Adductor canal an intermuscular cleft on medial aspect of the thigh consist of the Terminal branch of the femoral artery, not the profunda femoris or Deep femoral artery.

**11. Genitalia**

**169.** The cremaster muscle is innervated by which of the following nerves?

- a. Ilioinguinal      b. Iliohypogastric  
c. Obturator      d. Pudendal  
e. Genitofemoral

**170.** Benign prostatic hyperplasia results in obstruction of the urinary tract. This specific condition is associated with enlargement of the:

- a. Entire prostate gland      b. Lateral lobes  
c. Median lobe      d. Posterior lobe  
e. All of them

**171. The uterus receives its blood supply from the:**

- a. Superior vesical artery
- b. Middle rectal artery
- c. Uterine and ovarian arteries
- d. Uterine artery
- e. Ovarian artery

**172. The most important factor in providing support to the uterus is:**

- a. Round ligament of the uterus
- b) Transverse ligament of cervix
- c. Is linear in origin
- d. Broad ligament
- e. Ante-verted and ante-flexed position of uterus

**173. A doctor explained to medical students that the normal position of the uterus is:**

- a. Retroflexed & anteverted
- b. Anteflexed & retroverted
- c. Betroverted & retroflexed
- d. Anteflexed & anteverted
- e. Ameverted & retroverted

**174. Which is the narrowest part of the fallopian tube:**

- |                 |                    |
|-----------------|--------------------|
| a. Infundibulum | b. Ampulla         |
| c. Isthmus      | d. Intramural part |
| e. Fimbria      |                    |

**175. Following are the support of uterus except:**

- a. Levator ani
- b. Transverse cervical ligament
- c. Round ligament
- d. Pubocervical ligament
- e. Uterosacral ligament

**176. The most important factor in providing support to the uterus is:**

- a. Round ligament of the uterus
- b. Transverse ligament of cervix
- c. Is linear in origin

d. Broad ligament

e. Anteverted and ante-flexed position of uterus.

169.E	170.C	171.C	172.E
173.D	174.C	175.C	176.E

Explanation **11. Genitalia**

**169.** Cremasteric muscle is innervated by Sympathetic, and somatic fibres of the genital branch of the genitofemoral nerve

**170.** Benign prostatic hyperplasia is common in men above 50 years. The median lobe of the prostatic gland enlarges and encroaches within the sphincter Vesicae

**171.** The uterine from the internal iliac Artery and ovarian from the abdominal aorta both Supply the uterus

**172.** The anteverted position between the long axis of the uterus and vagina and the anteflexed position caused by the long axis of the uterus and cervix provide support to the uterus.

**174.** The isthmus is the narrowest part of Ceterine(fallopian) tube and lies Just lateral to the uterus. While the ampulla is the widest portion of the tube.

**175.** All other ligaments provide support to the uterus except the Round ligament, whose main function is to hold uterus antefixes

## 12. Embryology

177. Which one of the following structures is derived from mesonephric duct in males?

- a. Appendix of testis
- b. Male urethra
- c. Testis
- d. Prostate gland
- e. Vas deferens

178. The penile urethra is derived from:

- a. Cloaca
- b. Pelvic part of the vesicourethral canal
- c. Urogenital sinus
- d. Phallic part of vesicourethral canal

179. Unicornate uterus occurs when there is failure of:

- a. Development of nonvaginal bulb
- b. Fusion of caudal part of paramesonephric duct
- c. Fusion of cranial part of paramesonephric duct
- d. Development of one paramesonephric duct

180. Which one of the following derived from mesonephric duct in males?

- a. Vas deferens
- b. Testis
- c. Appendix
- d. Prostate

181. The Penile Urethra is derived from:

- a. Pelvic part of the Vesicourethral canal
- b. Urogenital sinus
- c. Phallic part of the Vesicourethral canal
- d. Cloaca
- e. Mesonephric duct

182. Penile urethra is derived from which of the following sinus?

- a. Urogenital sinus
- b. Perineal sinus
- c. Suture sinus
- d. None

Explanation 12. Embryology.

177. Vas deferens is derived from mesonephric duct in males

178. The penile urethra is derived from Phallic part of vesicourethral canal Key: D

179. Unicornate uterus occurs when there is failure of Development of one paramesonephric duct

180. The vas deferens (Latin: "carrying-away vessel"; plural: vasa differentia), also called ductus deferens (Latin: "carrying-away duct"; plural: ductus deferentis), is part of the male reproductive system of many vertebrates; these ducts transport sperm from the epididymis to the ejaculatory ducts in anticipation of

181. The Penile Urethra is derived from Phallic part of the Vesicourethral canal

182. The urogenital sinus is a part of the human body only present in the development of the urinary and reproductive organs. It is the ventral part of the cloaca, formed after the cloaca separates the anal canal during the fourth to seventh weeks of development.

THE END

177.E	178.D	179.D
180.A	181.C	182.A